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FROMMER LAWRENCE & HAUG LLP
745 Fifth Avenue
New York, New York 10151
Telephone: (212) 588-0800
Facsimile: (212) 588-0500
E-mail: Firm@flhlaw.com

FACSIMILE COVER LETTER

To: Commissioner for Patents
Examiner Armstrong, Angela A.

Firm: U.S. Patent and Trademark Office
Art Unit 2654

Facsimile: (703) 872-9306

From: Thomas F. Presson

Date: June 21, 2005

Re: FLH Ref No.: 450101-02406
Serial No: 09/700,611

Number of Pages: 24
(including cover page)

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00291365

PATENT
450101-02406

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant	:	Hideo Sato
Serial No.	:	09/700,611
Filed	:	February 5, 2001
For	:	ADDITIONAL INFORMATION EMBEDDING METHOD AND DEVICE, AND ADDITIONAL INFORMATION DEMODULATION METHOD AND DEVICE
Examiner	:	Armstrong, Angela A.
Art Unit	:	2654

745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

☒   No additional fee is required.
☐   The fee has been calculated as shown below.
☐   This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.
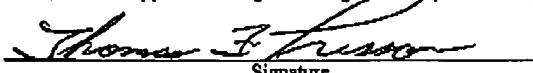
Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	69	Minus	** = 69	* 0 x	$50 (25)	= $ 0
Independent claims	4	Minus	*** = 4	* 0 x	$200 (100)	= $ 0
			Total additional fee for this amendment			$ 0

*   If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
**   If the highest number of total claims previously paid for is less than 20, write "20" in this space.
***   If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

☐   This application contains a multiple dependent claim. The required fee of $300 (150) has been previously paid ☐, or is paid herewith ☐.

☐   This response is being filed within the ___ month following the expiration of the term originally set therefor. This is a petition to request a ___ month extension of time. A check covering the cost of the petition is enclosed.

☐   A check in the amount of $_____ is attached, which covers the cost of ☐ additional claims x petition for extension of time.

☐   Charge $_____ to Deposit Account No. 50-0320.

☒   Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.
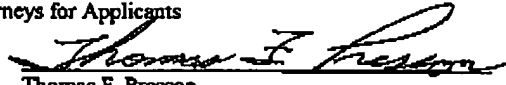
I hereby certify that this correspondence is being transmitted via facsimile 703-872-9306 to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on June 21, 2005

___Thomas F. Presson, Reg. No. 41,442___
(Name of Applicant, Assignee or Registered Representative)

(signature)
Signature

June 21, 2005
Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By: _(signature)_
Thomas F. Presson
Reg. No. 41, 442

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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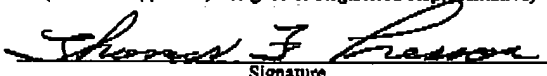|		
Applicant	:	Hideo Sato
Serial No.	:	09/700,611
For	:	ADDITIONAL INFORMATION EMBEDDING METHOD AND DEVICE, AND ADDITIONAL INFORMATION DEMODULATION METHOD AND DEVICE
Filed	:	February 5, 2001
Art Unit	:	2654
Examiner	:	Armstrong, Angela A.
Confirmation No.	:	7664

745 Fifth Avenue
New York, NY 10151

I hereby certify that this correspondence is being transmitted via facsimile 703-872-9306 to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on June 21, 2005

_____Thomas F. Presson, Reg. No. 41,442_____
(Name of Applicant, Assignee or Registered Representative)

_____
Signature

_____June 21, 2005_____
Date of Signature

AMENDMENT UNDER 37 C.F.R. § 1.121

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed on March 21, 2005, having a three-month statutory period for response set to expire on June 21, 2005, please amend the above-identified application as follows.

1

00291054

Amendments to the Claims are reflected in the listing of claims, which begins on page 3 of this paper.

Remarks/Arguments begin on page 19 of this paper.

2

00291054